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THE
CANADIAN NURSE
A Monthly Journal for the Nursing Profession in Canada

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Our New Year's Prayer for the Men at the Front

Lord God of Hosts, whose mighty hand,
Dominion holds on sea and land,
In peace and war Thy will we see
Shaping the larger liberty.
Nations may rise and nations fall,
Thy changeless purpose rules them all.

When death flies swift on wave and field,
Be Thou a sure defence and shield;
Console and succor those who fall,
And help and hearten each and all!
O hear a people's prayers for those
Who fearless face their country's foes!

For those who weak and broken lie,
In weariness and agony—
Great Healer, to their beds of pain
Come touch, and make them whole again!
O hear a people's prayer and bless
Thy servants in their hour of stress!

For those to whom the call shall come
We pray Thy tender welcome home.
The toil, the bitterness all past,
We trust them to Thy love at last.
O hear a people's prayer for all
Who nobly striving, nobly fall!

For those who minister and heal,
And spend themselves, their skill, their zeal,
Renew their hearts with Christlike faith,
And guard them from disease and death.
And in Thine own good time, Lord, send
Thy peace on earth till Time shall end.

—JOHN OXENHAM.

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An Appeal to the Members of the Canadian National Association of Trained Nurses

By Jean I. Gunn, President.

At the Annual Meeting in Winnipeg in 1916, the representatives of the affiliated organizations voted to purchase the *Canadian Nurse* and publish it as the official organ of our National organization. The report of the first six months' work, given at the Annual Meeting in Montreal this year, showed under what difficulties the Executive Committee was working to make it possible to publish the magazine. The reasons for these difficulties are all summed up in the fact that the Canadian nurses are not individually interested in the magazine and make no individual effort to further its interests.

The affiliated organizations have assisted both in the purchasing and in the running expenses very generously, and they have made it possible to accomplish what has been accomplished. But the fact remains that few nurses outside the executive committees of the affiliated organizations are interested. Our magazine will never succeed until the nurses of Canada individually and collectively do their part. It is not fair or just to ask a few members to carry this burden. The magazine is improving every month, and all that is needed to assure permanent success is more subscribers. The nurses are not subscribing for the magazine and a great many are neglecting to renew their subscriptions.

This appeal is sent out to our nurses hoping for the following results:

First—That those who are not subscribers will become subscribers.

Second—That those who have neglected to renew their subscriptions will do so at once.

Third—That those who are subscribers will put forth an individual effort to secure at least one new subscriber.

The Executive Committee of the Canadian National Association ask the nurses of Canada to reserve criticism and to coöperate in building up the magazine.

To you who read this appeal, "Have you done your part?"

Text-Books for Nurses

By Isobel M. Fleming, 1911

Ever since the art of printing was given to the world, books have been available as sources of information. Books now are felt to be a part of every rational life. Since the days of Comenius and his *Great Didactic,* a text-book has been regarded as an important instrument in the process of education. Through the text-book, what is valuable and substantial as an educative force in the past of human experience has been preserved for us. In them we find recorded the net results of the aggregate experience of the human race.

For a time, however, the worth of the text-book as an educational instrument was disputed, when Rousseau, in his celebrated treatise on education, stirred the thinking minds of all Europe to almost revolutionary depth by his words against the text-book. "Let the pupil," said Rousseau, "learn nothing in books which can be taught by practical experience." "Our feet, our hands, our eyes, our ears," he continued, "must teach us philosophy." To him, the sense-perception process of education was all-in-all.

Rousseau was the prophet denouncing the age-old evil of rote-memorizing. He saw the value of experience over the rote-memorizing method. He had a vision of the new order of things. Perhaps in attempting to find a way to remedy that age-old evil, he became too radical in wishing to abolish the text-book entirely.

Under the later educators, under Pestalozzi, Herbart, and Frœbel, we find that the thinking minds of Europe were once more at peace in regard to this matter of text-books. These later educators, following in the trails which Rousseau blazed, accepted his sense-realism and attempted to remedy the rote-memorizing, formal method of education. Under their less radical views, however, text-books once more assumed a normal and valuable place in the process of education.

Once again, this time within a decade and a half of years, just since the new century began, the question of a wise use of text-books is agitating our leading educators. In the introduction of industrial art subjects into our public school system, we find an indication of a re-shaping of values so far as book knowledge is concerned. All this agitation leaves us wondering what elements of real value enter into text-book instruction.

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Value of Text-Book Instruction

Text-book instruction is certainly a direct and effective method by which the student may get for her own the valuable thought and experience of the author. It may be a potent instrument for good. It may be a potent instrument for harm. Probably the chief value of the text-book lies in the fact that it gives us a well-defined course of study. It furnishes a second exposition of subject-matter, of value to these students who gain a better idea of facts through the eyes than through the ears. By using a text-book, the relative value of different parts of the subject may be indicated by the amount of space devoted to any one part. A text-book usually furnishes illustrations, diagrams or drawings, which help in any study. It gives the instructor a means of holding pupils responsible for a definite amount of work. A grave danger also lies in the use of a text-book, for a too zealous following of it creates a tendency to cultivate the memory rather than the power to reason. The ability, on the part of the instructor to use a text-book to the best advantage is a very valuable accomplishment. Without the influence of a good teacher, the class recitation may become merely the occasion by which it is ascertained how much of the text-book the pupil has memorized.

Good teaching, however, may be done without text-books. At Zürich, in Switzerland, is a school in which not a text-book is used. There the teacher is the substitute for the text-book. There is a growing tendency, at the present time, in some of our leading colleges and universities, to do away with the text-books. Extensive courses in bacteriology, chemistry, biology and nutrition are given without any definite text-book. The courses of study, in such cases, is usually defined in mimeographed outlines. Abundant references are given and note-book work is required, on the part of the student. This note-book building necessitates careful individual work on the part of the student. It means that the student has to construct her own text-book. Definitions, data, and summaries for the note-book must be gathered from various sources. This frequent reference to standard texts gives her an opportunity of becoming familiar with various points of view. The conclusions formed are more apt to be her own. The power to reason is strengthened. The danger of memorizing, without the possibility of later recall, is lessened.

In one school for nurses which is an integral part of an adjacent university, the pupils are furnished with but one text-book—*Anatomy and Physiology*. Instruction, in the other subjects, is given from mimeographed outlines with a free use of reference books. I do not know of any real school for nurses where the instruction is given without the use of a single text-book. There may, however, be such a school. While one, then, seems to be the minimum number of text-books required, I would place the maximum number required not very much higher. Perhaps at three.

The use of a text-book in Anatomy and Physiology seems advisable for all the reasons previously stated in discussing the advantages of using

a text. The content is limited and well defined in proportion to the amount of time available. Relative values of various parts of the content are conspicuously set forth in a book. Its illustrations and diagrams are remarkably useful. To the pupil who has not been engaged in study for some time before, a text-book of her own, in Anatomy and Physiology, furnishes a valuable aid to study. To it she may go for a more frequent repetition of facts stated in class periods.

Materia Medica seems another subject demanding individual text-books. As was said not long ago, "Materia Medica contains just so many hard, cold facts." If these hard, cold facts are well classified in an easily accessible form, as are some of our Materia Medica text-books, it becomes less difficult for the student to make these facts her own. The use of a text-book in materia medica is therefore suggested.

The third subject, in which the use of a text-book is probably advisable, is Practical Nursing Methods and Principles. And yet, it is not with a deep rooted conviction of its advisability that this subject is suggested as one of those definitely requiring a text-book. Too many conflicting factors are apparent. For its psychic effect on the student, a text-book of her own on this subject seems essential. However, the nursing methods of each hospital vary. The author, in her text-book, usually depicts the methods in vogue at her own school. Then, too, methods are constantly changing. The methods of to-day are not the methods of to-morrow. To be sure, the scientific principles underlying each procedure do not differ, and there would seem to be a broadening value in being able to refer, in a text-book, to other methods than our own by which exactly the same result may be accomplished. Perhaps, when the day of complete standardization of nursing methods arrives, the value of a text-book on this subject will become more definite.

If we limit the number of text-books to three, how then shall the other subjects be taught? In Bacteriology, in Chemistry, in Nutrition and Food Values, in Household Economics, can we not follow the growing tendency in the higher educational institutions? Are our instructors not capable of outlining a course in these subjects—a course which would be peculiarly suited to the particular needs of each group of students? Are our instructors not thoroughly enough grounded in the subjects they are teaching to make selection from the reference shelf? Or is it that our reference shelves are empty and we are obliged, perforce, to confine instruction to one lone text-book?

The student's knowledge about Medicine and Surgery, about Gynecology and Obstetrics, etc., will, I suppose, continue to be gained from lecture courses given by those who thoroughly know their own subject. Lecture courses at any educational institution of learning, however, are valuable only as the knowledge gained from them is augmented by personal reading in well selected texts.

A book from which assignments are made is called a text-book in the hands of the pupil. The same book, on the library shelf, becomes a

reference book. If we decide that the School for Nurses has need of only three text-books, it follows that all the other valuable books available for our use must be classed as reference books. What text and reference books are available for Schools for Nurses?

Text and Reference Books Available for Schools of Nursing

Of writing text-books on general subjects, there seems no end. Schools and colleges have difficulty, very often, in making their text and reference book selection from the wealth of material offered them. The number of our nursing text-books, too, is beginning to reach fairly extensive proportions. We have not reached the point, however, where selection becomes a very difficult problem to the same degree as have those other educational institutions.

An "Annotated List of Text and Reference Books Available for use in Schools for Nurses" presents an interesting study. Such a list was prepared by the Department of Nursing and Health at Teachers' College and was intended as "suggestive rather than critical or exhaustive." It bears the date of 1912, which may remind us of the fact that four later years have brought their contribution of text-books on nusring subjects to be added to this list. About every subject, even remotely within the limits of our curriculum, we can turn to a text-book in this list which bears the endorsement of our national department of nursing education. A survey of each separate text-book available, or even a brief annotation about each, is practically impossible here. It would carry us far beyond the scope of this paper. Rather let us seek to know what are the essentials of a good text-book. If we then apply these standard essentials to every available text-book on our nursing shelf—some will measure up—a number may fail. The final task, then, of deciding what each available text-book is worth as an educational instrument may be left as an individual problem.

What Constitutes a Good Text-Book?

The value of any text-book depends upon many factors. First of all, we are told that the content of the book must be pertinent to the subject. A well-organized arrangement of subject-matter should be general throughout the book. Thorndyke says: "A text-book should be logical"—each paragraph, each chapter leading in proper sequence up to the next, thus embodying the universal principle of progress based on previous knowledge. Another author tells us that the statements contained in a text-book must be of recent date. They must be authoritative. The scientific principles contained in it must be true. A very important part of a text-book is its summaries and definitions. Definitions and summaries should be clear and concise and complete. With every summary there should be a co-relation to parallel or previous courses of study.

There is yet one more factor to be reckoned with in considering the qualities of a good text-book—the personality of the author. The personality of the author cannot fail to be reflected in the pages of his book.

This, perhaps, accounts largely for the preference given to any one of several equally good text-books. The personal element enters into the making of every book. The way in which the author says the words which have to be said, the manner in which the author presents the items which have to be presented, may make or mar a text-book.

A Group of Questions Regarding Text-Books

Not many weeks ago, a group of questions came to me from the chairman of your Programme Committee. These were the questions: "Who should write the text-books which are being used in our schools for nurses?" "In those subjects for which text-books are needed, shall we make use of the standard texts on scientific subjects, or shall we use the abridged texts which have been prepared by some of our own nurses on these same subjects?" "Wherein lies the real value of those text-books which have been written by members of the nursing profession?" "Does a doctor, a nurse, or a layman write the most valuable text for nurses' use?"

This whole group of questions is very much inter-related. A solution of the first question, as to who should write our particular text-books, would probably be an indication of our trend of thought in relation to the last question. If we are able to state the real value of the text-book written by a nurse, it will help us to decide for, or against, the standard, unabridged texts of the medical students. But so many conflicting factors enter into the consideration of each question that no definite conclusion has been reached—no sweeping generalization has been attempted.

The limited amount of time which we are able to give, in any one school for nurses, to the study of any one subject in the curriculum, possibly makes it seem unwise to select the standard unabridged texts on such subjects as Anatomy and Physiology, Bacteriology or Materia Medica. With such a book the pupils would simply flounder in a mass of detail, leaving the essential points completely lost. Such a text-book, however, has a clean-cut place of its own in our schools. These complete, standard and accurately scientific tests should be on the reference shelves of every class-room. They can furnish valuable help as reference books. To them the student may be led for further information and aid.

Comparing such a book with the abridged type of scientific texts which are being compiled by bright women from among our nurses, the decision seems in favor of these latter. Such abridgment of the same subjects—Anatomy and Physiology, Bacteriology, Materia Medica, is peculiarly adapted to the needs of our schools. In them, all unnecessary material is eliminated. The mind of the pupil is not cluttered up by a mass of detail. The essential points are prominent. There is a comprehensive view of the subject suitable to the limited time which may be allowed. Another fact of importance in this type of book is the fact that there is usually a definite correlation of the particular subject to our practical nursing work. The danger with this type of book lies in the fact

that it may be made too elementary. The subject matter may be too curtailed. Assuredly, in addition, any inaccurate statement of a scientific principle would render the book practically useless.

The real value of the text-book written by a nurse is probably due to several factors. A nurse seems to know what other nurses need. She has travelled the same path herself in previous years when fewer text-books were available, so she seems to possess the happy faculty of weeding out the non-essentials. Her wise selection of the essentials comes from an intimate knowledge of what is needed. This power to grip the essential points of a subject and make them stand out clear and concise is a very material aid in any course of instruction. Every practical nursing procedure, every step in nursing education, is based upon a scientific principle. From her own experience in nursing work, the nurse author digs deep and is thus able to make a more direct and effective application of each scientific principle, to every phase of nursing. It would be absurd to suppose, however, that every nurse who attempts to write a text for nurses' use turns out a successful book. But, other things being equal, it has been my experience that a nurse, in her writing, generally gets the matter over to the student-nurse in a clearer, more logical, and more easily applicable form than do most other writers. She wields her pen in a way that is more telling.

The text or reference book, after all, is only one part of the process of instruction. Just as the value of each fragment of knowledge depends upon *what* goes with it, so the value of each text-book depends upon *who* goes with it. Text-books or courses of study may be well organized. They may be logical in every detail. The statements contained therein may be accurately scientific to the finest degree. It is, still, the instructor who must correlate the text-book theory with what has gone before and with what is to come in practical experience. Every text-book lacks a richness of detail which can only be supplied by draughts from the teacher's own experience. The great problem of making the subjects vital to the student remains the task of the instructor.—*The Johns Hopkins Alumnae.*

"ONE WHOM YOU KNOW NOT."

I did not see Thee when the harsh word fell
Swift from my lips. I did not know Thee when
That cold refusal came to-day again,
Nor when my thoughtless taunt cut deep, and, blind,
I lost the blessed chance of being kind
To one who wounded me. Thou knowest well
How in life's eager press I thus pass Thee
Standing with waiting eyes, nor pause to find
Thyself in all. Lord, pity, pardon me,
And give the patient grace of being kind.

The Halifax Disaster

A letter from a nurse on duty at the Naval Hospital, Gottengen Street, Halifax. She is a graduate of the R.V.H. Class 1916.

UNITED STATES SS. "OLD COLONY," HALIFAX HARBOR

MY DEAR MISS——:

As you see, we're on the ocean wave! I don't know where to begin to tell you about my thrilling and terrible experiences, so I will start at the beginning. I was lucky and escaped with three little cuts, owing to the fact that I was standing by a patient's bed and with my back to the window. I heard an enormous bang like a million thunder claps in one—and the next thing I knew I was stretched out under a bed staring foolishly at the springs, with blood running down my face. It flashed through my mind that it was the Germans bombing the city, and up I hopped, grabbed a blanket, wrapped it round my man, and started for the door with him, where we met two of the other patients, and got him out, and the air was literally rent with screams. The staff surgeon met me with blood streaming down, and asked if I were badly hurt, but I told him "no," and we started for the other patients. The glass flew everywhere, and all the beds were covered with millions of little bits—almost a fine powder. Our very sickest man was in bed huddled under his blanket, and I lifted it gingerly, prepared for anything. One eye peered up and then the face came, and he said, "Hi, Sister, did the Germans hurt you? Im' all right." It seems to me that in two minutes we had everyone out, but of course it was longer. We started our ambulance off at once. It was bitterly cold, but we piled blankets on them and tied up the cuts. From every side came men, women and children—on stretchers—bleeding, dying, mangled, naked and screaming. It was horrible! Miss—— was cut and badly shocked. Two of our patients lost an eye, and we have not heard anything about ten of them which we sent down. The naval cadets came paddling up, all bleeding; everyone seemed to be gory. My most vivid recollection of Thursday is that everyone we saw was covered with blood. After getting our bearings and handing out brandy with a generous hand, we took a look at the place. Fortunately we were spared the horror of fire, as all the heating plant was in the basement and, being underground, it escaped. We bound up the staff surgeon but could not stop the hemorrage, and we all thought an artery was cut. So he started off for the hospital and told us to wait orders. We stood and waited—but no sign of him returning. Someone ran up and said, "Your Doctor is dying in the Dockyard." So we grabbed some dressings, iodine, etc., and ran to find two doctors there and the report wildly exaggerated; he was fixed up and put to bed more or less dazed. We were left to ourselves, so went to find out if we could help in the Dockyard, and were told that a ship from the United States

had put in to help with the work. We met an officer who told us that there were no nurses and no doctors on board, and that there was plenty of work to be done. Then I can't remember much. I got people into bunks, cleaned faces and found out, if possible, what the injuries were. Some died then and there and others were dying; doctors appeared as if by magic, and we dressed what wounds we could. Many people were absolutely black, being dragged out from burning buildings, etc. Lots of poor souls were burned alive—trapped under beams—and the rescue parties could not get near them in time. Some of the men collapsed from the sights they saw. One little youngster had both arms and legs broken, her face cut and the eye hanging out, and she just grinned at Dr.—— and said, "I'm not badly hurt, Doctor, I'll wait my turn." Wasn't she a brick?

Sister—— was all in, as she had tonsilitis, a cut face and fractured rib. As we had 50 patients, I went up to Camp Hill Hospital and snagged a nurse and a V.A.D. Really our patients were all heroes! The bad ones said, "Go on, Sister, look after yourself," "Get out and save yourself," "You first," etc. Friday morning we started to do the worst cases. Sister—— was ill in bed, so I took the V.A.D. and, with the Doctor, started in. The operating room was crowded with three people, and we had about ten instruments, a few dressings, carbolic and iodine. I believe we did 20 cases, from amputating fingers to setting compound fractures. By night we had 75 patients and had acquired two more nurses and three doctors. It was appalling! The worst injured were picked up and the others just had to wait their turn. Saturday and Sunday we got a lot more nurses, and the ship's doctor asked me to stay in the operating room. How I wished for Miss—— or Miss——! Gangrene started in the wounds so quickly. We had to boil things in the kitchen in big bread pans, and there were two pairs of gloves! The V.A.D. was a brick and absolutely dependable. By Monday we had a staff, about 80 patients, and at last supplies. We got a party of the American nurses and it began to be a hospital. You can imagine what it was like to look after bad fracture cases in the lower berth of a stateroom. One of the American doctors (Harvard unit man returned) came, and it has been fairly easy since Monday. He is a good surgeon and it has been a treat to watch him. No wonder students are forbidden to operate overseas. We did a craniectomy yesterday afternoon; the man has been in since Thursday and walking around with a cut three-quarters of an inch in the bone behind the ear. We utilized the potato steamer and then baked the dressings in the oven; to-day we sent out every possible case, as this ship is under sailing orders and will have to leave when ordered. Now, of course, our supplies are up, and we have arranged for the Victoria Hospital to sterilize for us. I have certainly learned a lot, but prefer no more explosions!

One night, after being up till 1 a.m. to get saline and dressings ready, etc., the cooks went on a wild bat and burnt about thirty of my

dressings. I almost wept when I went down early in the morning to get ready for a possible fractured kidney. I never knew there was such a thing possible before. Yesterday and to-day have been quiet, so I am realizing that the shock has upset me more than I thought. Our clothes are burned at the Hospital, but I have at last got some extra ones. We just took our uniforms, coat and furs, and there wasn't a minute to get away. It seemed too selfish to ask for any privileges when so many were worse off. Our maid appeared to-day and we sent her up to do the best she could for us. We pulled out into the stream to-day, and as soon as the few cases are well enough they will all be moved. Lots of funny things happened; in the midst of everything one of the men rushed up to me and said, "Here, Sister, I have saved this for you; here's Henry," and handed me my old cheap watch, which is very noisy and big; the men had called it my Ford. I almost had hysterics, it seemed so absurd. A man was carried a quarter of a mile through the air and landed naked on a hill. There are about 300 left totally blind, and lots are maimed and mutilated for life. One man was watching the fire and said it was a wonderful sight, and the next he knew he was in a hospital with a fractured arm, cut head and a smashed hand, but said, very cheerfully, "I feel very pretty, Nurse; how do I look?" There has been splendid heroism and, unfortunately, looting and mutilating of dead bodies. The French ship burned for half an hour, so they say, but we have not heard or seen much. There was terrible anxiety about one's friends; everyone was trying to find them; men rushed home to find everyone gone. One little boy came crying to me saying that he had gone on an errand and the house was burning when he got back, and his parents and two brothers were all in it. This was only one little bit of the whole thing. Heads, arms and legs were scattered all about the place! Lots of babies arrived, and the Y.W.C.A. is now a maternity hospital under one of the U. S. units.

Although there are still dead bodies to be gotten out of the houses, things are in pretty good order. I can still hear the bang and feel the queer feeling that followed. When I see others and hear stories, I feel that we should be very thankful we got off alive. At Wellington Barracks, the next building to ours, 40 soldiers were killed. You can't imagine it; the horror of it haunts me, now that I have time to sit down and think about it all. If it had occurred earlier, I would have been killed, as a beam studded with nails crashed into my bed. The C.P.R. telegraph places were swamped, people stood and waited for hours, and the telegrams are only coming in now. I must stop now and get to bed.

A FRIEND

Happy is the house that shelters a friend! it might well be built like a festal bower or arch, to entertain him a single day. Happier, if he know the solemnity of that relation and honor its law.—*Emerson.*

Teaching of Chemistry in Schools for Nurses

The question of teaching chemistry in the Schools for Nurses is one that has presented many difficulties to the average school. Few schools have the laboratory facilities necessary which is probably the chief reason for the lack of instruction in this subject. It is not necessary to point out the great necessity of adding chemistry to the curriculum. It can be taken for granted that it is an essential part of a nurse's education.

The object of this article is to bring the subject to the attention of those interested in training school work and to suggest that it is possible to establish the desired course in any school. In every High School in Canada there are teachers qualified to teach chemistry and, in reality, engaged in teaching that subject to the pupils of the school. Almost every High School has a laboratory for experimental work. If, then, every School for Nurses has in its vicinity a teacher and a laboratory in which to give the desired instruction, the teaching of chemistry in training schools for nurses ceases to be a problem.

An experiment has been tried recently in Toronto which has proved most successful and the teaching of chemistry has been made possible. The Central Technical School organized a course to meet the need of the student nurses in the city. Each school sends the pupils during the Junior Year. The periods are of two-hour duration, one hour being devoted to theory, and one to laboratory work. The course requires sixteen two-hour periods, the instruction being given in the afternoon school session. The following is a summary of the course:

Lecture work—Matter, elementary and compound; classification of compounds; changes in matter; oxygen; oxidation and combustion; hydrogen reduction; water composition; purification by filtration, distillation and boiling; nitrogen; the atmosphere, essential and non-essential constituents, with the use of each; chlorine; disinfectants and bleaching agents; poisons and antidotes; hard and soft water; detection of impurities in water; acids, bases, and salts with their nomenclature; the use of hydrometers in making up solutions of definite strength; consideration of the units used in prescription work; reading of prescriptions; dispensing; use of the lactometer and urinometer; thermometry; the clinical thermometer.

Laboratory work—Preparation and study of the elements and compounds discussed in class; practice with hydrometers, thermometers, balances; and other measuring instruments; preparation of solutions of definite strength; tests for sugar and albumen.

The examination at the end of the course is conducted by the Board of the Central Technical School. The result has been a beginning in uniformity and centralization in teaching, which it would be wise to extend to other subjects.

J. R. G.

A Woman's Hand

Before the war the ward had been a dormitory in a convent boarding school for girls. Now, loving and skilful hands had prepared it for receiving some of France's poor shattered wrecks brought from that great slaughter house which we call the "Front."

This particular ward was under two Scottish nursing Sisters. The "Entente" between Scotland and France is no new thing; it has existed for centuries. Whenever France was menaced by her foes the brave sons of Scotland gave her their help, and many a time did they cross over to France to shed their blood there with their brothers of France. And when Scotland was attacked by England, her old enemy, now her firm friend, did not France repay the debt—brimful and running over? The two countries are united by a bond that can never be broken, the memories of many a brave fight where Scots and French stood shoulder to shoulder.

When the patients arrived at this convent school there were many terrible and pathetic sights. The soldiers were lost in wonder at the ease with which trained nurses could manipulate the wounded; they had never experienced such nursing before. In the morning there was often a chorus of: "Sister, do you do my dressing to-day, or is it Monsieur le Major? Oh yes, the doctors are very kind, very nice, but they have not the gentleness of touch of the Sisters."

A Scottish Sister was busy at one of the beds, trying to place more comfortably the poor shattered wreck of what had once been a fine man of 6 feet 2 inches. With infinite care his position was changed a little and his pillows arranged. He gave a sigh of relief and turned his white pain-drawn face towards her.

"A woman's hand, Sister; it is wonderful what relief a woman's hand can bring to a poor sufferer like me even. It is almost worth while being wounded," he added, whimsically, "to experience the care and tenderness with which we are surrounded here."

The tears rushed suddenly to the Sister's eyes. Did the poor brave one then not realize that it was not only being wounded, but that it was the Great Sacrifice that was being demanded of him? As if in reply to her unspoken question he said gently:

"Sister, will you write to my wife after . . . . ?"

For one moment Sister hesitated. Her French was quite good and quite sufficient for ordinary use; but would it serve for a matter of this kind, requiring such tact and delicacy of expression? The dying man went on:

"Her address is on the first page of the note-book under my pillow. You are a woman, and you have an understanding heart. You will write, Sister?"

"I will; I promise," said Sister, quietly.

Soon the unbearable pain began to rack the poor broken body again, and Sister administered the hypodermic injection specified. Human skill could do no more for him; it was now only a question of trying to smooth for his poor feet the pathway through the Valley of the Shadow.

Next day there was a great hush over the whole ward and the screens were drawn round the bed. The priest had been passing in and out, and had now come to administer the last rites of his church. Sister, being a Protestant and afraid her presence might be objected to, withdrew for a moment outside the screens. But the priest asked her to come back and try and soothe the dying man, who was getting very restless and might have fallen out of the narrow little bed.

Sister bent over him and tried to quieten him with whispered words, such as a mother might speak. He asked her to raise his head and it was with his head on her arm and the word "Maman" on his lips that he breathed his last and the soul said farewell for ever to its poor house of clay.

When the last offices were finished a plain white deal coffin filled with straw was brought in; it is all France offers to her sons in such circumstances. The body was reverently laid in it and carried out of the ward. It was taken into the mortuary chamber, where it lay for two days with a red light burning beside it. After that it was carried to the little cemetery—the plain coffin covered with the French flag—and laid in its last resting place; a small wooden cross was erected at the head with the name and regiment of the soldier marked on it.

They left him sleeping there, surrounded by other graves of heroes —who, like him, had given their lives for France. He lies looking towards the distant corner of France which he called home, and which shelters the dear ones whom he died in protecting.

"Greater love hath no man than this, that a man lay down his life for his friend."—A. B. W. in *Queen's Nurses' Magazine.*

DEATH IS SWALLOWED UP IN VICTORY

Take comfort, ye who mourn a loved one lost
Upon the battlefield;
Thank God for one who, counting not the cost,
Faced death and would not yield.
Thank God, although your eyes with tears are dim,
And sad your life and grey,
That howsoe'er the battle went, for him
'Twas victory that day!
With armour buckled on, and flag unfurled,
The heights of death he trod,
Translated from the warfare of the world
Into the Peace of God.

Editorial

As the reports of the disaster in Halifax come in, the horror of it is increased. The terrible wounds, intense suffering from the cold and blizzard and the numbers of totally and partially blind make it the most appalling disaster this country has ever seen. To our neighbors across the line, Canadians will owe a deep debt of gratitude for their prompt answer to the call for supplies and personal help. It seems a most opportune time to form among the nurses some organization similar to the American Red Cross which will be all equipped and ready at a moment's call for mobilization. We cannot use the Red Cross for that purpose since we are affiliated with the British Red Cross, which is limited in its field of work to caring for the soldiers, wounded and prisoners, or for war purposes only. It is to be hoped that this matter will be taken up by our Nurses' Associations and that some definite action be taken in the matter by the C.N.A.

* * * *

The election came and went, and the world has seen just what we as Canadians feel about the War and our share in it. It was, I think, rather a surprise to many to see the business-like way in which the women worked and the complete instructions given to the new voters so that there were very few ballots spoiled. Another feature of the day was the arrangement made with the women's committees to go to houses and care for the children while the mothers were taken to the polls. It would seem as if a creche would be among the needed equipment of polling stations in the future. To all of us it means another responsibility along with the new privilege.

* * * *

It is with a great deal of pleasure and appreciation that the Editor makes the announcement of another department being added to the magazine through the kindness of Miss Elizabeth Robinson Scovil, who has taken charge of a much needed part of any nurses' magazine, the Diet Kitchen and Dietetics. Contributions are asked for from all interested, and we hope that this may prove to be one of the most interesting as well as one of the most useful departments.

* * * *

It is hoped that Miss Gunn's letter will be read with care, and that the support that this magazine should have will be given it. No one who is not in close touch with the workings of it can have any idea of the difficulties of the past eighteen months—so many nurses overseas, higher cost of all materials, etc. As some of you may have noticed, the

American Journal of Nursing has a higher price for its overseas mailing list. We have given it to our nurses at the same price, and it ought to be taken by a great many more of them. The M.A.G.N. gave it to all of their members as a Christmas present for the past two years, an arrangement that has helped the magazine and has placed in the hands of those far away news of their Alma Mater. In connection with subscribers, the following verses were sent to the Editor recently, the poetic quality of which, from the editor of one of our local papers to his subscribers away back in the second half of the past century, is not of the highest. The concluding stanza, in particular, besides being deficient in the essentials of true poetry, is marred by tautology. The use of "sub" for subscriber, too, is wholly inadmissible. The unequivocal sentiment of this production, however, and its wide appeal go far at this season of the year, and under existing war circumstances to atone for all literary defects, and render apologies for its reproduction altogether unnecessary:

O blest is he who does not fuss
When he receives a bill from us,
But promptly sends us the amount
Wherewith to straighten his account.

But doubly blest is that good friend
Who waits not till a bill we send,
But, knowing his subscription due,
Sends in the money to renew.

What shall be said of one so kind,
Who tries another sub to find?
May he, or she, rewarded be
Forever and eternally!

AFTER WORK

Lord, when Thou seest that my work is done,
Let me not linger on
With failing powers
A-down the weary hours—
A workless worker in a world of work.
But, with a word,
Just bid me home,
And I will come
Right gladly—
Yea, right gladly will I come.

—John Oxenham.

Be slow in choosing a friend, slower in changing.—*Benj. Franklin.*

Chief Superintendent's Annual Report, 1916

(Continued from last month)

The suggestion of Dr. Snell is an excellent one, but I should apply it still further and suggest that the Central Board arrange a course of lectures by experts each year, one of them to be given at the time of the Annual Meeting, at an evening session, which might be made a social as well as an instructive session. The regular business meeting would be held as now, in the afternoon. I should suggest that a similar step be taken by the various local branches. Some of them have been doing so—making their quarterly meetings more interesting and instructive by having someone of note address the meetings.

It will be of interest to the Board of Governors to learn that during the year corps of public health nurses have been put into the rural parts of Manitoba by the Provincial Government to inspect the schools and teach a sanitary mode of living to those needing such teaching. The Province is divided into so many districts—eight was the number mentioned at first. The work of these nurses is preventive, no bedside care is given, as a routine. Saskatchewan is working on a similar plan. The municipal financing and managing of hospitals, especially in the rural parts, has become a settled policy in Saskatchewan, and will most likely be so in Alberta in the very near future. Those facts have a direct bearing on the work of the Order. It is very important that there be no overlapping or misunderstanding in connection with work of this kind, but the freest and most sympathetic coöperation should prevail.

The work in connection with the Metropolitan Life Insurance Company, which was taken up as a part of the Order's work in 1909, is very satisfactory. The Company is showing its interest in preventative work by making provision for pre-natal visits to its policy-holders in the maternity department.

The inspection work done by Miss Elizabeth Hall was very satisfactory. Miss Hall desired a change of work, and Toronto is to be congratulated on having secured her as District Superintendent. Miss Hall entered on her duties there in October.

The vacancy thus created was ont filled until February 1st, when Miss Agnes Russell, who had been with the Order for several years, received the appointment. We have every reason to believe that Miss Russell will prove a very desirable addition to our ranks.

The office work is still being done in Miss Drake's able manner. Her duties are manifold; not only a large part of the office work is under Miss Drake's care—and over five thousand pieces of mail have gone out from the office this year—but she has charge of the house as well. This has been particularly trying this year, by reason of the difficulties attendant on the domestic problem. She sends out, too, the uniform material to the nurses and the supplies to the branches.

A French version of the Charter and By-laws has been prepared, and is now ready for distribution.

In view of the many temptations in more or less pronounced forms to accept lower standards for their nurses, I cannot refrain on this occasion from sounding a note of warning to the Governors of the Order, who are the chosen guardians of the high standards set nearly twenty years ago and maintained during these years "as a first necessity for all district nursing." The Order is known at home and abroad by those standards, and it has influenced, in no small degree, other countries in fixing their standards of efficiency for visiting nursing. Many in Canada feel sure that so long as the Order exists provision will be made for having the poor and needy, the working man and the man of moderate means nursed and care for as tenderly and skilfully as the richest and most influential persons in the land. The Order must not fail them.

In conclusion, I wish to thank the Victorian Order Committees and Nurses for their loyalty and good work which has enabled me to be the happy chronicler of their achievements. They have done well, and I am proud to be able to speak for them.

All of which is respectfully submitted.

MARY ARD. MACKENZIE.

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

The monthly meeting of the Canadian Nurses' Association was held in the Club Room on Tuesday, December 4th, Miss Phillips, President, in the chair.

There was a large attendance, and Major A. MacPhail, of the C.A.M.C., gave a most interesting address on "Military and Social Life at the Front." He gave a very full and descriptive account of the work, and also told of the amusements and entertainments given to and by the men. During his address Major MacPhail referred to the much-discussed question of the demand for nurses Overseas, and said that there would not be any further need for nurses either in France or Britain for several months, and that undoubtedly where they were most required was in Canada.

Later in the evening Mrs. W. G. McNaughton addressed the meeting on behalf of the "Win the War Association," explaining the ballot and urging those members who had a vote to use it in the right way.

Miss Phillips, who has been giving lectures and demonstrations for the last three years to both the V.A.D. candidates and St. John's Ambulance Corps, has just completed the 1917 class. Next class commences in the middle of January, and Miss Phillips is having a short and much-needed rest from that, one of her many duties.

The members of the Edith Cavell Chapter of the I.O.D.E. are collecting a mile of cents towards their funds for supplies for the soldiers. In addition to dressings, socks, etc., they are keeping eight Canadian prisoners of war in Germany.

Friendship always benefits, while love sometimes injures.—*Seneca.*

News from The Medical World

By Elizabeth Robinson Scovil

Uniting Wounds Without Sutures

Bringing the edges of a wound into justification and retaining them in place by means of strapping or bandaging, is advised wherever it is possible to substitute this method for uniting them by sutures.

Oatmeal Gruel for Infants

Oats contain a higher percentage of carbohydrates and fat than any other grains, and the fat is of better quality. The iron content of oats is very high. The most valuable form for infants is oatmeal gruel. It can be prepared very simply by washing oatmeal in cold water, boiling for 30 minutes and then straining. It increases the appetite of the child and often relieves constipation.

The War and Dentistry

For the first time in history dentistry has become a distinct factor in the care and treatment of the army in the time of war. The inventive genius of the army operators has done wonders in the treatment of wounds due to gunshot injuries of the jaws, and dental science has made unprecedented advances in consequence.

Fresh Fruit and Cutaneous Disease

It is stated that if all fresh fruits were eliminated from the dietary one-third of the sickness incidental to childhood and early life would cease. Of all California fruits the orange is the most injurious. The evil lies wholly in the pulp, the juice being harmless. This is only the case when the fruit is eaten fresh from the tree; when cold-stored for a few weeks it loses its poisonous qualities. The strawberry causes urticaria, but the orange causes the furred tongue, dazed appetite and general depression that is classed as billiousness. Next in order of unwholesomeness is the peach, apricot, plum and cherry. Pears, apples, grape-fruit and grapes are harmless. Dried fruits, such at dates, figs and raisins have no direct action on the skin. In mild cases of constipation two or three figs eaten at bed-time produce satisfactory results.

A Substitute Dressing

Sterilized newspapers are being used in the dressing of clean wounds and cause no irritation or disturbance. It was not found to be sufficiently absorbent for suppurating wounds. It can be used as padding under plaster. Paper bandages can replace cotton ones, as they are pliable and strong. Paper such as is used for paper napkins, toilet paper, etc., can be used instead of gauze to clean wounds.

A New Antisyphilitic

Dr. Simon Fleishman has announced the discovery of a new arsenical preparation for the treatment of syphilis. The new drug is called A-189 and is said to be superior to salvarsan, being much more fatal to parasites.

Automobile Accidents

The New York State Department of Health calls attention to the fact that automobiles killed more people in that State during the first nine months of 1917 than died from typhoid and scarlet fever combined.

Mixed Feeding for Infants

In a paper on breast feeding it is stated that when breast milk is insufficient it should be supplemented by a little feeding immediately after nursing. Every breast-fed baby should be taught to take water from birth, thus making weaning easier if it should become necessary. Should the mother be obliged to be absent over a feeding time a little feeding may be given of half milk and half water with 6 per cent. sugar, the quantity depending on the age of the child.

Glycerine From Waste

Considerable quantities of glycerine have been produced from waste fats and bones, the refuse of war camps. It has been estimated that 14 pounds of bones will yield enough glycerine to provide the charge of a shell of 18 pounds. The quantity of glycerine recovered to date is well over a thousand tons.

Treatment for Chilblains

It is recommended to apply a coating of linseed oil for three successive nights, letting the oil dry in the skin, and putting on a pair of stockings to protect the sheets. On the fourth night bathe the feet in hot water. It is said that thereafter there will be no trouble with chilblains.

Tar In Frostbites

It has been discovered on the Italian front that Norwegian tar is a valuable remedy in frostbite. In one case the feet were edematous, livid and blisters had formed; movement was difficult and painful. The feet were at once tarred. Four days later the lividity had disappeared. Swelling was much reduced, pain was less and the feet felt warm. In two days more the patient walked without pain.

American Red Cross Nurses

The National Committee of the American Red Cross announces that over 2,000 Red Cross nurses are in active nursing service and another 2,000 are in teaching and committee work; 9,000 nurses stand ready to serve at once. Specially trained nurses are being held in readiness for work in units devoted to pediatrics, orthopedics, mental diseases and public health. Infant welfare nurses have been sent to France and Roumania, and plans are under way for sending a special unit of nurses

trained in the care of mental diseases to serve in the mental wards established in the hospitals of 32 cantonments.

Hot Food

Dr. William J. Mayo, in an address on surgery of the stomach, called attention to the irritating effect of too hot food, and said that food and drink should not be taken into the stomach hotter than could be held in the mouth with comfort. The mouth is protected by sensitive nerves; the stomach is not; 30 per cent. of all cancers occur in the stomach, and he believed heat to be a contributing factor, causing first gastric ulcers.

Boils and Formaldehyde

Boils have been successfully treated with a 4 per cent. formaldehyde solution applied with a brush.

Vomiting of Pregnancy

A writer in a medical journal says that concussion of the fifth dorsal spine will dilate the pylorus, thus permitting the contents of the stomach to pass quickly into the small intestine. In the morning before the pregnant woman rises she should swallow a glass of water containing soda bicarbonate. Then she sits up in bed and any member of the family is taught to strike a series of moderate blows not in excess of one-half minute, on the fifth dorsal spine. After resting several minutes, until nausea, if there is any, is abated, nourishment is given and the spine again percussed. If during the day nausea or vomiting reappears, the reflex may be again ilicited immediately after food has been taken. The results are said to be surprisingly good.

Scarcity of Doctors

Dr. John W. Edwards says that medical students should be exempted from military service. Medical officers point out that the public does not realize the scarcity of doctors in Canada at the present time. It is understood that the Government intends to allow the medical students to continue their studies, in view of the fact that the War Office has sent back to Canada to finish their course second and third year men of Queen's, Toronto, and other medical colleges who were serving overseas in various capacities.

Friendship that flows from the heart cannot be frozen by adversity, as the water that flows from the spring cannot congeal in winter.—*J. Fennimore Cooper.*

Talk happiness; the world is sad enough
Without your woes. No path is wholly rough;
Look for places that are smooth and clear,
And speak of these to rest the weary ear
Of earth so hurt by one continuous strain
Of human discontent, and grief and pain.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

Child Welfare Work In City of Winnipeg

In the year 1909 the Child Welfare work was organized by the Women's Service League. A creditable work was carried on for five years. The work by this time had so grown, and the matter of finance became so heavy, that the City Council was approached and asked for a grant, or that the City Health Department take full control of the work. The latter was effected on May 1st, 1914. Under Dr. Douglas, as Medical Health Officer, and Mr. P. B. Tustin, Business Manager, a milk depot was opened and operated at 31 Martha Street. The city was divided into four districts and a nurse was appointed to each for the purpose of carrying on educational work with mothers in the homes. Two physicians were appointed who gave their services gratuitously, specializing in "Feeding and care of infants," Drs. Rorke and Richardson doing this service, and are still carrying on daily clinics (except Sundays).

In 1916 the number of visiting nurses was increased to six, also a site selected for a building, and operations were commenced for the erection of the present Bureau of Child Hygiene, a splendid location being secured at the corner of Main and Aberdeen Streets on the spacious grounds of the Children's Hospital. A short description of this well-equipped building might be of interest, it being the first of its type in the Dominion of Canada.

This building has a basement with high ceiling, windows above ground and floor extending five feet below. A vestibule containing a glass partition opening into work-room, where feedings can be handed through. The work-room contains a dispenser, enamel-lined tanks set in a large cabinet containing whole milk, skim milk, cream, whey, barley water, etc., etc. This tank is connected with cold water supply and drains into catch basin; a zinc-topped filling table for filling bottles; a pasteurizer for preparing feedings, operated so that the temperature may be regulated; a large cooling tank; another zinc-covered table for wrapping bottles; ice box with shelves to contain feedings until delivered or called for; a dressing room for employees; a wash-room containing a mechanical bottle washer and rinser; a gas stove for preparing barley and oatmeal water; a hot-water tank and a bottle sterilizer; a store-room for reserve stock of bottles, wire baskets and supplies.

On the main floor a waiting room equipped with chairs, display cases, etc.; a wash-room for mothers opening from this room; Board

room, Nurses' room, each being equipped with necessary desks, scales for weighing babies, cabinets for reports, etc., cupboard for supplies, Doctors' room with desk and chairs, hot and cold water; a lecture-room where classes and mothers' meetings may be held; an overhanging roof, beside the front entrance, provides a nice little porch or shelter for baby carriages in inclement weather.

Daily clinics, as we have mentioned, are held from the hour of 10 to 12 a.m. This is the most interesting or gratifying part of the work, where physician, nurse and mother may all meet and the mother be given a full statement by the Doctor of the condition of the child, proper food which he should receive, and then the visiting nurses follow up the cases in the homes. As many as from twenty-five to forty mothers appear with their infants, both sick and well.

At present the nursing staff consists of nine, divisions having been made into districts, each one with a list of approximately four hundred names of babies, the task being to instruct and assist mothers in care of both the well and sick babies; giving pre-natal care and advice, with special attention to preparing feedings, and washing and dressing the infants, also teaching home sanitation and hygiene. Many social problems must be dealt with, as they may touch the health and happiness of the child.

Sub-stations are provided for those who live too distant to come to the Depot for feedings.

The nurse in charge of the Depot holds classes for "Little Mothers" during school vacation. Nurses on districts making a special effort this year to organize "Child Welfare Clubs, and meeting these mothers collectively, make for more interchange of ideas and gives encouragement, and has seemed to meet a great need. Also giving talks as required in conjunction with community clubs, or Missionary institute, as the opportunity affords, the work amongst the little mothers being well organized and carried on by the school nurses.

As we have said, each nurse having four hundred names, this would bring more than three thousand babies under the direct supervision of the Health Department. One can only look for lasting beneficial results to our city and community with this constructive work being carried on by our department, and realizing as we do that the "Infant Welfare" is only one branch of the "Public Health Work." The splendid coöperation at all times of the Children's Hospital, the prompt and faithful response to calls upon the Margaret Scott Nursing Mission, the necessary help from time to time, so well supplied by the Social Service League, makes one wish to be a part of the whole grand project of bettering our people and nation.

Toronto Public Health Nursing Notes

An experiment in generalized public health nursing, now being tried out in Toronto, will be watched with interest by all Canadian Welfare

organizations which have had experience with the duplication of effort in medical and social work.

In 1907 the Department of Public Health of Toronto appointed a tuberculosis visiting nurse in connection with the hospital clinic. In 1911 the tuberculosis nursing was organized from a City Hall office, retaining its connection, however, with the hospital service. In 1912 Child Welfare nurses were appointed by the Board of Health, this staff gradually assuming and coördinating the work of three nurses employed by private agencies. In 1914 the Tuberculosis and Child Welfare nurses were combined into one staff. In 1917 another step towards the coördination of the city nursing service has been made, with the transfer of the medical inspection of schools to the Board of Health. The present staff of nurses numbers 92 and is assigned as follows:

Director of the Division of Public Health Nursing, Superintendent of Central Office, with an office in the City Hall.; 6 District Superintendents of Nurses (4 of these offices in Police Stations, 1 in the City Hall, 1 rented from a social agency); 1 Supervisor of Clinics; 7 Hospital Social Service Nurses; 1 Supervisor of Boarding Homes for Babies, and of Maternity Homes; 2 Supervisors of Public School Nursing; 1 Supervisor of Separate School Nursing; 3 Separate School Nurses; 67 nurses engaged in generalized public health nursing.

A detailed description of the duties of these last-named nurses would include almost every form of public health work assumed by graduate nurses. While a certain amount of bedside nursing must be done, the rule is to refer it whenever possible to the Victorian Order Nurses. With this exception, each of the 67 nurses is entirely responsible for the health nursing of the district assigned to her. The size of the city has made it necessary to organize the nurses from six district offices, each of which is in charge of a district superintendent. It is too soon yet to report results from the experiment, but it is reported that the task of organization has been simpler than was anticipated.

The first beginnings of any established organization are always interesting. The present system of Public Health nursing in Toronto had its beginning in a small tuberculosis clinic maintained by private philanthropy in connection with the Toronto General Hospital. The following are extracts from a letter received by the present Superintendent of Nurses in response to an inquiry addressed to Miss Christina A. Mitchell, the first nurse:

"I am sorry to say I have few facts to give you. After much effort I found there were no records, nor can I find those who so liberally supported the work and paid my salary, which was forty-five dollars ($45.00) per month. This includes carfare. In December, 1905, Miss Snively asked me to be nurse in charge of an outdoor clinic at the old General Hospital for the treatment of tubercular patients. This clinic was held in the outdoor department of the Toronto General Hospital on

Tuesday afternoons from 2 to 6. I was asked to talk about this work in some of the city churches, also in some of the missions, and visited St. John's Ward Public School. The work soon became known and numbers came for examination. Several were sent to Gravenhurst Free Hospital for treatment. Two were cured. I followed these patients from the clinic to their homes and in some places found most deplorable conditions. They were reported to the Health Officer, and everything was done by teaching, etc., to improve conditions. Some, of course, vigorously opposed fresh air treatment and the rules regarding the sputum, but soon the relief obtained from the treatment made the patients more willing to adhere to the rules. Medical men soon sent in names and addresses of patients too ill to attend clinic. These I visited daily, doing the necessary nursing, supplying nourishing food, milk or cream, clothing, coal, etc. One patient was taken to a tent early in the spring and was cared for by the ladies of a Presbyterian Church. I obtained the name of the gentleman who I believe was the beginner of this work, but cannot find him. He paid my salary for a short time and often visited the clinic. He contributed $1,250 between 1905 and 1907 to the work. It was with deep regret that I gave up the work after so short a time in it, and look back upon that time as the best and most profitable of my nursing work."

MODERN MARTIAL THERAPY

Amid the veritable swarm of new medicinal agents of all varieties that have been introduced to the therapist during the last twenty years, and in spite of the great advances in general medicine during the same period, there has not as yet been proposed any remedy which can successfully compete with iron in the treatment of anæmic and general devitalized conditions. The metallic element, in one form or another, is still the sheet anchor in such cases, and when intelligently administered in proper form and dosage can be depended upon to bring about marked improvement, provided serious incurable organic disease is not the operative cause of the existing blood impoverishment. The form in which to administer iron is, however, very important. The old, irritant, astringent martial medication has had its day, and properly so. Probably the most generally acceptable of all iron products is Pepto-Mangan (Gude), an organic combination of iron and manganese with assimilable peptones. This preparation is palatable, readily tolerable, promptly absorbable, non-irritant and still distinctly potent as a blood builder and general tonic and reconstructive.

Let us approach our friend with an audacious trust in the truth of his heart, in the breadth, impossible to be overturned, of his foundations. —*Emerson.*

The Diet Kitchen

By Elizabeth Robinson Scovil

There are a few nurses who seem to think that the preparation of food for their patients is derogatory to their professional standing and will detract from the personal dignity which is one of their chief assets. These mistaken persons have not realized that their very title "Nurse" is derived from the Latin *nutrio*, I feed, and that diet duty, instead of being something that can be neglected to an incompetent servant, is really their chief function.

The most prompt administration of medicine, or the utmost skill and most exquisite cleanliness in the care of a surgical case, will not save the patient if he is not being properly nourished.

Food is of far more importance than medicine, and no matter how well versed the nurse is in the science of dietetics, her knowledge is practically useless if she cannot prepare and serve food so her patient will eat it.

When a *trained* nurse calmly remarks: "Oh, I know very little about cooking," one feels inclined to say, "Do learn, then, and finish your training." There are very many who do understand the great importance of the proper administration of proper food, and our training schools are emphasizing this in their diet kitchen instruction. There is still room for improvement—as there is in all our work. This department in our own journal is established in the hope that nurses will bring to it their own experiences. Send us recipes that have been found especially useful; ways of preparing and serving food that have appealed to their patients, and ask any questions that they would like to have answered to help them in their work. A few recipes will be given each month.

Egg Junket

Separate white from the yolk of an egg; beat white until firm and yolk until thick, afterwards beating them together. Warm half a pint of milk, dissolve in it one tablespoonful of sugar and add flavoring, vanilla, lemon extract, sherry or a little brandy, if stimulant is permitted. Pour this over the beaten egg. Dissolve a third of a junket tablet in a little cold water and add to the luke warm mixture. Stand in warm place until firm, then chill.

Apple Cream

When eggs are scarce, make a thin custard of one teaspoonful of cornstarch to one cup of milk. Rub the cornstarch smooth with a little of the cold milk and add to the boiling milk, also one teaspoonful of sugar and flavoring, if desired. Pour it over a cup of apple sauce, not mixing them, and serve cold.

The Nurse's Library

First Aid and Emergency Treatment, by A. C. Burnham, M.D., illustrated with 160 engravings and two plates. Published by Lea & Febiger, Philadelphia and New York. Price, $2.00. This book is prepared for both the untrained first-aid worker and the advanced student. It is a reliable reference for both field and hospital work. The author takes up in a most practical way a part of the anatomy and physiology with each lesson on treatment. The author has had wide experience as a teacher of first aid, so the book is clearly worded and simple. The illustrations are many and most valuable.

Hygiene and Sanitation, a text-book for nurses, by George M. Price, M.D., author of a "Handbook on Sanitation," "Tenement House Inspection," etc. Third edition, revised and enlarged. Price, $1.75. Lea & Febeger, Philadelphia and New York. The third edition of this book in four years would seem to speak for itself of its value and appreciation of the nurses. In this edition a new chapter on infectious diseases and the chapter on Personal Hygiene has been added, and the book brought up to date. School Hygiene has been elaborated also. Special lessons for the diet, with the excellent table on the Caloric value of foods, will help the nurse in her calculations of balanced rations.

The School Nurse, by Lina Robers Struthers, R.N., Chairman of School Nursing Committee of the Montreal Organization of Public Health Nursing, 1913-1916. P. 293, with 24 illustrations; cloth, price $1.75 net. G. P. Putnam's Sons, New York, 1917. It is indeed appropriate that Mrs. Struthers' book should be reviewed by a Canadian Nursing journal, for she, as Miss Rogers, is a graduate, of a Canadian School, and, after being Superintendent of School Nurses, New York City, 1902-1908, came to Toronto and started the work. She remained in charge until 1913. The book needs no words to recommend it to any Canadian who knows anything about Mrs. Struthers' work. It deals with the history of school nursing and with the chapters on administration, State regulations, card systems, etc., will be of much value to the organization. Interesting chapters on Little Mothers' Classes, the Out-door Classes, and Dental Clinics, and the helpful chapters on the diseases commonly found among school children, will at once prove themselves. Mrs. Struthers says, "But the duties of a school nurse call for something more than thorough training, ability, keen observation, good sense, and sound judgment . . . . she should have the highest ideals and a sensitive vision of her influence on the impressionable developing child; a love of achievement, initiative, honor, mercy and truth should be the very breath of her existence."

Food for the Sick.—A Manual for physician and patient. By Solomon Strouse, M.D., Associate Attending Physician, the Michael Reese Hospital; Professor of Medicine at the Post-Graduate School, Chicago, and Maude A. Perry, Dietitian at the Michael Reese Hospital, Chicago. 12mo of 270 pages. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $1.50 net. The conceptions behind this valuable little book are well shown in the author's preface when they are given 1() that the patient may justly demand more explicit instructions in diet than he has hitherto received; (2) the physician needs a practical guide book for imparting such instruction. "A cook-book does not fill this need any more than does an elaborate treatise on the Science of Dietetics." Each chapter is devoted to one subject, and the disease or condition is discussed in such a way as to make plain the reasons for the diet. Many menus are given and enough recipes to prove very valuable to the nurse attending.

The Venereal Diseases Problem—a book more especially for nurses and midwives, by J. K. Watson, M.D., Edin., published by Bailliere, Tindale & Cox, 8 Henrietta Street, Covent Garden, London. Price 2/6 net.

This subject has, in the past at least, received very little attention in our training schools, and in this connection this book will do good work. One can hardly do better in reviewing it than to quote the author's foreword: "It is only during the last few years that the national importance on venereal disease has been realized, except by quite a few people. Not long ago it was practically a closed book, except to medical men. Venereal disease was a topic not to be spoken of, much less discussed by the respectable laity. The hidden plague, as it was called, was known to exist, and there it was left. We are not less modest, let us hope, than we used to be; but we are coming to cast aside that false modesty which wilfully shuts its eyes to a stigma that not only exists but is rampant in our midst, maiming our young men and women, killing our children, born and unborn, and casting a heavy burden on the State. . . . . "We look to our nurses, our midwives, our school teachers, our clergy, our social workers, and that large body of serious-minded, broad-sympathied people who make up all that is best in our national life, not only to acquaint themselves with the necessary knowledge, but to do all in their power to educate the public."

A Manual of Anatomy.—By Henry E. Radasch, M.Sc., M.D., Assistant Professor of Histology and Embryology in the Jefferson Medical College, Philadelphia. Octavo of 489 pages with 329 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $3.50 net. This book will be a welcome addition to the reference library of the School. It is intended more for medical students than nurses, and would be too technical to use as a text-book for them, but the teacher in Anatomy will at once see the value of it to her as a reference book for use in her work.

Army General Hospital Administration.—By various authors, edited by P. Mitchell, published by Bailliere, Tindale & Cox, 8 Henrietta Street, Covent Garden, London. Price, 5 shillings net.

This little book hardly seems to be intended for nurses, but should be of great value to Army officials who are in charge, preparing to be in charge of Army Hospitals. The chapters on co-ordinating civil and military demands during a prolonged war—nursing service, camp sanitation, etc.—are full and very simply expressed, while those on Medical and Surgical Divisions give a complete outfit as well as the detailed work in them.

To His Nurse

Are you the nurse? Come near, and let me feel
Those hands that soothed me through my restless nights;
Lay them upon these eyes, as if to seal
Such useless orbs, now blind to eartlhy sights.

They say the blind have keener sense of touch;
A keener sense of pain is all I find.
In days to come, perhaps—we change so much—
I may give thanks that I am wholly blind.

No; do not ask me how I came to lie
Wounded and helpless as they found me there.
Recall not now the frightful agony
When "Death, come speedily," was all our prayer.

Talk to me, nurse, to take my mind away
From thoughts that haunt me still. Come, let me see
With your kind eyes my fellow sufferers here.
'Twill dull my pains to hear what their's may be.

Around us here, you say, are others blind;
Others whose limbs are lost, whose minds are blank.
And others yet were here who felt with pride
Their lives were given for England ere they sank.

Offer no pity, nurse, to us who give
Our Motherland, the best we own to use.
Freely we give; ay, proudly, for her sake.
What England asks her sons will ne'er refuse.

—*The Nursing Mirror.*

Hospitals and Nurses

NOVA SCOTIA

The item appearing in the November issue reading as follows: "Miss Hunt has been appointed Superintendent of the Victoria General Hospital, Halifax," should read Assistant Superintendent.

Since the catastrophe which occurred on December 6th in Halifax, bringing death and destruction to so many thousand people and property, the N.S.G.N.A. have had an opportunity of meeting a great many outside nurses. Not only from Nova Scotia did the nurses come, but from Prince Edward Island, Cape Breton, New Brunswick, Quebec, Ontario, and several hospital units from the United States, which even brought their own equipment and supplies. Up to the present time, though, everyone has been so busy that the Halifax members of the N.S.G.N.A. have not had time to extend a welcome to the visiting nurses, excepting when they have met in hospital wards, but it is sincerely hoped that before long we may be able to meet in an informal way and publicly extend our thanks and gratitude to those who have so nobly come to our assistance.

The collision of the two steamers, one a "Belgian relief" and the other an incoming French steamer carrying munitions, occurred on a beautiful fine winter morning; the explosion, which followed at 9.30 a.m., killing and wounding thousands and wrecking the entire north end, brought desolation and ruin with it. Immediately dead and dying were rushed to the hospitals and temporary shelters. Relief was sought from outside towns. At 12 noon a train left Sydney with doctors and nurses, and kept picking others up all along the line. Nurses also left Toronto, Montreal, Quebec, Kingston, St. John and Fredricton that same night.

Our good neighbors across the border, nurses and doctors, hurried along the same night, and truly they were needed, with hospitals all full, both civil and military, and temporary ones springing up in all directions—dressing stations in all directions—all with their full complement of doctors and nurses, and visiting doctors and nurses for those who could not be persuaded to leave their damaged homes. There were nurses and doctors and V.A.D.'s everywhere.

The Maine Unit, U.S.A., occupied the Ladies' College; the Rhode Island Unit the historic old "Bellevue;" the Y.M.C.A., with the Massachusetts Unit, with Dr. Codman in charge, bringing even their own X-Ray with them. Camp Hill, City Home, Children's Hospital, Cogswell Street Military, Pine Hill, St. Mary's College, Victoria General Hospital, Hurley Crest, Dr. Maders' Hospital, Nova Scotia Hospital, St. Paul's Hall, hospitals in Truro and New Glasgow—all were full of suffering

humanity—and well did the nurses perform their work. Early and late they worked; so many badly cut faces and injured eyes, alas! that many had to be removed. The latest hospital is the far-famed Wægwoltic Club, which is to be turned into an emergency hospital. It is expected that Major Hough, of the Rhode Island Red Cross Unit, will take charge with his own staff of doctors and nurses. All honor to our American friends who have so nobly come to our assistance. It is difficult, among so many, and in these strenuous times, to gather the names of those who have come—one can only mention them as a whole.

The P. E. I. nurses went to Pine Hill Convalescent Home, where they did splendid work; after that they went to the Children's Hospital.

Mrs. Barrington, of Sydney, also went to the Children's Hospital, which was full of badly wounded children and babies.

The Victoria General Hospital had between 70 and 80 volunteer nurses working with their regular staff. The Superintendent of the Yarmouth Hospital and ten of her nurses came shortly after the explosion; also from the Royal Victoria, Montreal, and ten from St. John's Hospital; also from New Glasgow and Pictou. Mrs. Bowman, the former Superintendent of the V.G.H., and now Superintendent of the Woman's College Hospital, Toronto, has given up two weeks of her time to relief work, and many of the graduates of the hospitals, both from Halifax and elsewhere, have responded wonderfully to the call for aid.

About twenty-five nursing sisters from Toronto are scattered in different hospitals throughout the city.

Miss Eunice Dyke, of Toronto, and several others are in Halifax doing district work.

Miss Grace O'Brien, of Boston, is Director of the District Nursing Service, with Miss Eunice Dyke as assistant.

We extend our sympathy to Nursing Sister Mary Burton, who lost her sister and nephew in the explosion; also to Nursing Sister Sutherland, whose sister was injured and her home badly shattered; also to Mrs. James Corston, who received quite serious cuts, and whose home was badly wrecked; also to Miss Sylvia Barrington, who received a serious eye wound; also to Miss Bamford, Superintendent of the Children's Hospital, who received several bad cuts on her face from broken glass.

Miss Bouton, of the Naval Hospital, also received serious wounds. The Naval Hospital was badly wrecked.

To Miss Boudreau, Child Welfare Nurse, we also extend our sympathy, her father and mother both being badly hurt.

News comes that Matron Pope, who has been in England for some months, is about to be transferred to No. 2 Canadian Stationary Hospital, France, as Matron.

A party of New Zealand nurses were entertained at the V.G.H. by Miss Pickles, Superintendent of that institution. Miss Pickles was

assisted by Mrs. Williamson, of a New Zealand Hospital, who is making her home in Halifax.

His Excellency the Governor-General, and Her Excellency, accompanied by their suite, arrived in Halifax to-day and made a tour of the hospitals and relief stations. Their visit was much appreciated by all.

Mrs. Macdougald, assisted by Miss Scott, is in charge of the hospital at the Y.M.C.A. Dr. Codman, of Boston, is in attendance.

The different American units are making many friends in the city; everyone is loud in their praises of their efficient work.

Miss Irene Munro, of the Victorian Order, is in charge of the nursing at St. Paul's Hall.

Nursing Sister Maclean, of Sydney, who has been with the Dalhousie Unit in France, was one of the first volunteer nurses to reach Halifax.

The last meeting of the N.S.G.N.A. was addressed by Miss Wisdom, Social Service worker.

The Hospital at Pier II. is out of commission since the explosion, Matron McKenzie and her staff being at Camp Hill Hospital, which has been full of emergency patients.

Miss Retallack and ten of her nurses from St. John, N.B., were among the first to arrive in the city and did wonderful work at the Victoria General Hospital.

* * * *

NEW BRUNSWICK

The New Brunswick Association of Graduate Nurses met on December 3rd, 1917, at the Military Hospital, Miss Gertrude Williams occupying the chair. It was reported that a $1,000 Victory Bond had been purchased from the Nurses' Benefit Fund. Eleven new nurses were enrolled. A new Local Chapter has been formed at St. Stephen. The sum of $50.00 was voted to the Nova Scotia Graduate Nurses' Association, to be used by the President for the Halifax sufferers. A resolution of sympathy was also forwarded to the Association. A resolution of sympathy was also sent to Miss White, Superintendent of the Dunn Hospital, Bathurst, N.B., which was recently destroyed by fire. A meeting of the Executive was held after the regular meeting.

Mrs. Jack Vaughan entertained the nurses at the afternoon tea on December 17th, in honor of Mrs. Geddy, Miss Maude Gaskin, Miss Nellie Floyd, who have recently returned from the front.

The junior nurses at the General Public Hospital, St. John, entertained the other pupil nurses and graduates in connection with the hospital on December 22nd, 1917, in their living room. The room was very prettily decorated for the Christmas season, and each nurse received presents from the Christmas tree. Games, music and dancing was enjoyed, after which a very dainty luncheon was served by the committee in charge.

REPORT OF NURSES' RED CROSS CLUB, ST. JOHN, N.B.

MADAM PRESIDENT, LADIES:

After a lapse of four months, the Nurses' Red Cross Club resumed its weekly meeting on November 14th. At the present time the club is purely a knitting club. This condition has been brought about by the inability of procuring shirt flannel and the high cost of wools.

During the summer nearly all the members knitted two pairs of socks, resulting in a donation of fifty-four pairs of socks. Members of the club filled and donated fifty-three Christmas socks for soldiers overseas. On Trafalgar Day our club worked very hard and was instrumental in collecting seven hundred and fifty-two dollars.

Donations from June 1st to December 1st: Christmas socks, 53; field socks, 54 pairs; mufflers, 2; Miss Matthews, field socks, 2 pairs; Mrs. Arthur Wright, field socks, 5 pairs; Mrs. (Dr.) Malcolm, field socks, 2 pairs; Club donated bandages for Halifax relief, 45.

Mr. Charles Matthews (Charlestown)	$ 5.00
British Red Cross	752.00
Miss Addy	2.00
Dues of Members	39.30
	$798.30

EXPENSES

Knitting yarn	$ 37.50
Bandage Cotton	4.14
Safety pins	.30
	$ 41.94
Money on hand	$ 4.22

On account of illness and Christmas, four meetings were omitted; however, all members continued to do their knitting at home.

Respectfully submitted,

ELLA A. ADDY,
President.

St. John, N.B., Dec. 28th, 1917.

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QUEBEC

The Annual Meeting of the Graduate Nurses' Association of the Eastern Townships was held in Sherbrooke, November 18th, 1917, Mrs. Alex. Blue, the President, being in the chair. After the usual business was concluded, it was moved by Mrs. Morkill, seconded by Miss Brewster, that $50.00 be voted for the Red Cross fund. Carried.

A letter was read from Mrs. G. L. McLennan, former Secretary-Treasurer, thanking the members for the letter and lovely gift that accompanied it.

The following officers were elected for the year: President, Mrs. Blue (re-elected); Vice-Presidents, Mrs. Wilfred Davy and Mrs. Gordon; Secretary-Treasurer, Mrs. McKinnon; Convener Social Committee, Miss Brewster; Convener Programme Committee, Miss Robins.

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ONTARIO

The Annual Meeting of the Kingston Chapter of the G.N.A.O. was held on December 7th at the Nurses' Residence. After the usual routine business, the following officers were elected: President, Mrs. S. Crawford; Vice-President, Miss H. M. Lovick; Secretary-Treasurer, Miss Fairlie; Assistant Secretary-Treasurer, Miss E. Dalglish; Corresponding Secretary, Miss P. Martin.

Mrs. Stickney, Secretary of the W.C.T.U., addressed the meeting regarding the "Trinket Fund" for raising money to supply hot drinks to the soldiers returning from the trenches. A sum of money was voted for this purpose.

The address of the afternoon was given by Nursing Sister A. A. Wright, who recently returned from Overseas,. She gave a vivid account of her personal experiences in the hospital in France. A very hearty vote of thanks was given her. The Chairman, Mrs. Crawford, outlined the objects and advantages of the Association, and in closing urged all nurses who were eligible to do their part in the coming election.

The Annual Meeting of the Hamilton General Hospital Alumnæ Association was held at the Nurses' Residence, Barton Street, on December 4th, 1917. After some discussion regarding the increase of rates, the following schedule of fees was decided on, to take effect January 1st, 1918:

1. Ordinary Medical and Surgical cases, $3.50 per day or fraction thereof; massage extra.

2. Obstetrical cases, $3.50 per day, nurse to charge from date of engagement.

3. Mental, Alcoholic, Drug and Smallpox cases, $5.00 per day.

4. Private House Operation or Obstetrical cases, 24 hours only or part thereof, $5.00.

5. Isolated cases (in hospital or private), including scarlet fever, diphtheria, measles, pulmonary tuberculosis, infantile paralysis, meningitis, $4.00 per day.

For each additional patient, $2.00 per week extra in all cases except obstetrics.

At the Annual Meeting of the Kitchener and Waterloo Graduate Nurses' Association, the following officers were elected: President, Miss

Eleanor Smith; First Vice-President, Miss Winterhalt; Second Vice-President, Miss Schlichter; Treasurer, Mrs. Knell; Secretary, Miss E. Masters; *Canadian Nurse* Correspondent, Mrs. Turner.

The past year has been one of considerable activity.

We have almost every department of nursing represented in our Association; two nurses have entered the Home Service of Military Hospital Commission, one in Commercial Nursing, one in Social Service Department, one transferred to Victorian Order of Nurses, and one in school nursing.

The following is the outline of the programme for the Association for the year:

December—Social Evening and Red Cross.

January—Talk on Nursing in Arctic.

February and March—Studies in Public Health Nursing.

April—Studies on Eye, Ear, Nose and Throat.

May—Nursing Ethics.

June—Social Evening and Red Cross.

September—Literary.

October—Post-Graduate Nursing.

November—Annual Meeting and election of Officers.

Nursing Sister Helena Read, graduate of Kitchener and Waterloo, 1912, recently returned from France, is in charge of Queen Alexandra Sanatorium of Bryon.

Nursing Sister Grace Bowman has returned from France on furlough.

Mrs. Callahan, wife of Dr. T. H. Callahan, of Kitchener, and graduate of St. Mary's Hospital, died at the Kitchener and Waterloo Hospital December 3rd, after a very short illness.

The regular monthly meeting of the A. A. of the Mack Training School for Nurses, St. Catherines, Ont., was held at the Residence on November 7th. Following the routine business a very interesting address was given by Mrs. Radcliffe, of China. In the course of this talk reference was made to the Rockefeller Foundation, one object of which is to raise the standard of medicine and nursing in China. She also gave a vivid description of a leper hospital, and of the attempt to cure leprosy by means of serums, so far successful to a certain point. At the close an appeal was made for volunteers for the vast work, whose "difficulties are only equalled by its opportunities."

The speaker at the December meeting will be Mrs. D. M. Muir, a niece of the late Dr. Mack, the founder of the training school bearing his name—the first training school for nurses in Canada.

Miss Martha Corrigan, who has been at the G. and M. Hospital for the past three- and one-half years as Dietitian, has left to take a posi-

tion at the Oliver Mowat Tubercular Sanitarium, Kingston. Prior to leaving she was presented by the staff and nurses with a writing folio and an umbrella. She is succeeded by Miss Rumboldt, of Macdonald College, 1916.

A masquerade dance was held at the Nurses' Home on Hallowe'en, when the Alumnæ and nurses entertained their friends and realized the sum of $22.00 for the Red Cross.

The Alumnæ Association of the Brantford General Hospital met in the Nurses' Home on Tuesday, December 4th. It was decided to change the date for the regular monthly meetings to the second Tuesday of each month.

Miss Margaret McCulloch was appointed *Canadian Nurse* representative.

Miss Mary Traill has returned from Lakefield and will do private duty.

Miss M. A. Pickett, graduate of St. Michael's Hospital, Toronto, has been elected President of the Public Health Nurses' Association of the Deptartment of Health.

Miss Oakes, gaduate of the same school, has returned after spending her vacation in Winnipeg and other Western cities.

The regular monthly meeting of Toronto Western Hospital Alumnæ Association was held Friday, December 7th, at the Nurses' Home, the President, Mrs. Gilroy, in the chair. About twenty-five members were present. After the usual business, refreshments were served by the members. The nurses were pleased to have with them Nursing Sister Edith McAlpine, graduate of T.W.H., who is on furlough at her home after spending two years overseas.

Guelph General Hospital S.W.A.

The Graduate Nurses' Association of the Guelph General Hospital held its regular business meeting on November 6th. A representative of the Graduate Nurses' Association of St. Joseph's Hospital was present at the meeting. The following scale of charges for nurses of the associations of the city was decided upon:

1. Ordinary Surgical and Medical cases, $21.00 per week, or $3.50 per day, for three successive days or fraction thereof, massage extra.

2. Obstetrical cases, $22.00 per week, or $3.75 per day for three successive days or fraction thereof.

3. Isolated cases, including scarlet fever, diphtheria, measles, erysipelas, pulmonary tuberculosis, infantile paralysis, meningitis, pneumonia and typhoid, $22.00 per week, or $3.75 per day for three successive days or fraction thereof.

4. Acute mental, alcoholic, drug and smallpox cases, $5.00 per day.

5. Private house Operations or Obstetrical cases, 24 hours only or fraction thereof, $5.00.

6. For each additional patient, $3.00 per week extra, for all cases except obstetrics.

7. Night calls, $2.00 extra, from 10 p.m. to 6 a.m.

8. Professional visits of one hour, $1.00, and 25 cents extra for each additional hour.

Travelling expenses extra. Nurses to have from 6 to 8 hours off duty out of 24 hours.

HAMILTON

On November the 6th a joint meeting of the Hamilton City Hospital Alumnæ Association and the Local Chapter of the Graduate Nurses' Association of Ontario was held in the Nurses' Residence, City Hospital. Mrs. Newson and Miss McColl presided. After the transaction of routine business Miss Lilian Dixon, who was home on short leave from Overseas service, gave a short talk, which was most interesting. Miss Dixon described life and military nursing in Saloniki and told of the varied experiences she had had while on duty there.

At a special meeting of the Alumnæ Association, November 27th, it was decided that the Alumnæ invest in a Victory Bond. Mrs. Newson, President, occupied the chair.

A university extension course on Community Welfare is being given under the auspices of the Hamilton Scientific Association in conjunction with the Training School for Nurses of the Hamilton City Hospital and the Rotary Club by the Social Service Department of the Toronto University. The lectures are held on the second, fourth and fifth Fridays of the month in the Board Room of the Y.W.C.A. Many nurses are taking the course.

Miss Elizabeth Griffin has accepted a position at Hart's Private Hospital, Boston, Mass.

Our sympathy is extended to Miss Isabelle Laidlaw in her present sad bereavement.

Miss Ivy Griffiths (W.G.H. '15), has resigned her position as Lady Superintendent at the Royal Jubilee Hospital, Kenora, Ont.

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MANITOBA

The Alumnæ Association of the W.G.H. sent a Christmas remembrance to each of its 110 nurses overseas. It consisted of a box of fruit cake. The ingredients were prepared and the boxes packed by members, and many good wishes were enclosed.

A good report was received of the progress of the native nurse supported by the association at Nesbit, India. Fifty dollars was again voted for her support.

Miss A. Johnstone (07), who has been overseas with the Canadian Red Cross since April, 1915, has resigned and is expected home in the near future.

Mr. and Mrs. Williams (nee Howland), who has been on furlough in Winnipeg, have returned to their duties in China.

The position of Assistant Superintendent of Nurses at the W.G.H., rendered vacant by the marriage of Miss Laidlaw (07), has been accepted by Miss Montgomery (07), whose late position of Night Superintendent will be taken by Miss M. Herman (07), who has been for some time Matron of Dauphin Hospital.

Miss Gilroy ('98) has accepted a position as nurse in Dr. Moody's office.

Miss Sadie Ferguson (12), C.A.M.C., has returned from overseas on three months' leave of absence, part of which she will spend in California.

Several of our nurses overseas have completed their engagement with the Q.A.I.M.S. and have joined the C.A.M.C., Miss Edith Macey ('08) and Miss Emily Parker ('13), being two of their number.

Miss Ada Ross ('05) and Miss Attrill ('09) have been welcomed back from transport duty on furlough.

Miss M. Ross ('09), Miss Irene White ('16), E. Christopherson ('16), Miss Matheson ('16), all of Tuxedo Military Hospital, Winnipeg, expect to leave shortly for overseas, as does Miss Norma Walker ('08).

Miss Day ('17) leaves shortly for Merritt, B.C., to take charge of the General Hospital there.

The Manitoba Association of Graduate Nurses recently gave a tea and musicale to nurses and friends at the Nurses' Residence, Wolsely Avenue. The decorations were mauve chrysanthemums in profusion, the effect being very beautiful. Mrs. Bruce Hill and Mrs. A. E. Jones poured tea for the first hour, Mrs. Moody and Mrs. E. W. Mongomery for the second.

The sum of $85.25 was donated for the purpose of sending a Christmas remembrance to members overseas. The gift chosen was, as last year, a year's subscription to *The Canadian Nurse*. Over 70 M.A.G.H. members are overseas.

Among the nurses who left for overseas recently were Miss Mathieson, Miss White and Miss Christopherson, of the W.G.H., Miss McColm and Miss Japhson, St. Boniface.

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BRITISH COLUMBIA

The quarterly meeting of the G.N.A. of B.C. was held in the Victoria Club, Victoria, Friday, January 4th, 1918. There was a large attendance, including several from the Mainland. After the routine business, much time was taken up with the report of the Bills Committee re the amended Bill that the Association hope to present to the Legislature in its amended form. A most interesting paper obtained for the Association by Mrs. R. Bryce Brown on the Vacational work and classes for

returned soldiers at Edmonton Military Convalescent Home was read by Mrs. Johnston, of Vancouver. The meeting then adjourned and refreshments were served by the Victoria members.

Much sympathy has been expressed for Mrs. R. Bryce Brown, the late President of the G.N.A. of B.C., and for Miss Tolmie, of Victoria, a member of the Executive. They have each lost a brother recently. Mr. Tolmie died in Victoria after a short illness, and Flight Lieutenant Douglas Wright was killed in action December 23rd, 1917.

Nursing Sister Mrs. Brunton, of the Staff of the Edmonton Military Hospital, who saw much active service, has been spending the Christmas holidays in Vancouver.

Births

BOARDMAN—At Winnipeg, September 28th, 1917, to Dr. and Mrs. Boardman (Jessie Duncan, W.G.H. 1907), a daughter.

MANAHAN—At 1060 Grosvenor Avenue, to Mr. and Mrs. Manahan (E. Paul, W.G.H. 1910), a daughter.

SHIRWELL—At 475 Home Street, Winnipeg, to Mr. and Mrs. Shirwell (N. Henders, W.G.H. 1914), a daughter.

Marriages

CHURCH-MUIR—In Fergus, on June 27th, 1917, by the Rev. Mr. Brown of St. Andrews' Church, Miss Lillian Muir to Mr. James R. Church, both of Fergus. Miss Muir was a graduate of the Owen Sound Hospital (1911).

SIMMIE-WILSON—In Ottawa, May 3rd, 1917, Miss Kate Wilson (Owen Sound Hospital, class 1913), to Mr. Robert Simmie, both of Owen Sound.

MCNICHOL-SMITH—In Cobourg, on October 1st, 1917, by the Rev. Father Murray, Miss Marie Smith to Mr. E. C. McNichol, son of Dr. McNichol, Cobourg. Miss Smith was a graduate of Owen Sound Hospital (1917).

COYNE-KITELY—At the Parsonage, by Rev. Walter Kitely, on October 8th, 1917, Miss Estelle Kitely (General Hospital, Guelph, 1913), to Mr. George A. Coyne.

HARRINGTON-LAIDLAW—On November 14th, 1917, Miss I. Laid- (W.G.H. 1907) to Dr. Harrington, of Dauphin, Man.

SIBBIT-BROWN—On Thanksgiving Day, 1917, Miss Annie Brown (W.G.H. '17) to Mr. F. W. Sibbit, of Winnipeg.

SAWYERS-AGARA—At Texas, on July 19, 1917, Miss Rebecca Agar (W.G.H. '10) to Mr. Wylie Sawyers.

Deaths

CODY—At Ashville, N.C., on November 7th, 1917, Isabella, wife of Harold Cody. Mrs. Cody was Isabella Allen, graduate of Toronto Western Hospital (class 1907).

SHOOTING LIONS FROM A HOSPITAL'S GROUNDS.

The October number of the *London Hospital Gazette* contains many good things and is well up to the high standard of this publication. There is an interesting article on "Some French Army Surgeons of the Past," which is a little spoiled by faulty information in respect of the history of the great French Revolution; the author is wrong in saying that Charlotte Corday was the accomplice of Marat. One of the most interesting papers describes "The Wanderings of an R.A.M.C. Officer," who, in the simplest of language, gives an account of his experiences on several fronts. The narrative in respect of hospital work in German East Africa covers ground that is new to most readers. Our R.A.M.C. officer thus describes the surroundings of the hospital at Lolkissale: "The hospital consisted of a number of big grass huts and some bell tents, the whole capable of accommodating 400 patients. The hospital was enclosed all round by a border of prickly thorns to keep out the lions and other prowling beasts. Lolkissale was famous for its lions, their roaring at night, coupled with the cries of the hyenas, made sleep impossible until one got used to the din. . . . . One night we trapped a huge lion over twelve feet long. Now and again parties of us sat up all night in trees in the hope of shooting a lion. The usual plan was to tie up an old ox as bait to a tree near by. . . . . As the lion made its spring on to the ox we flashed our acetylene lamps on to the scene, levelled our guns, took careful aim, and fired together, if possible." It sounds almost as exciting as air-raids.

THY BURDEN

The Gazette of the 3rd London General Hospital at Wandsworth has no rival as a pictorial and witty war hospital journal. This month, as ever, it is full of good things. It can be grave as well as gay, as the following verses testify:—

THY BURDEN

To every one on Earth
God gives a burden to be carried down
The road that lies between the Cross and Crown.
No lot is wholly free;
He giveth one to thee.
Thy Burden is God's gift,
And it will make the bearer calm and strong;
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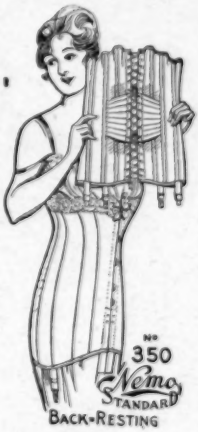

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CASCARA SAGRADA is acknowledged to be the best and most effective laxative know, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

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